

Nebraska  
Medicaid's New  
Integrated  
Managed Care  
Program



HEALTH AND HUMAN SERVICES  
COMMITTEE

OCTOBER 19, 2016

Department of Health & Human Services



# Current Nebraska Medicaid

- ▶ Nebraska Medicaid provides health care coverage to approximately 230,000 people at an annual cost of approximately \$2 billion.
- ▶ 12% of Nebraska's population is enrolled in Medicaid.



- ▶ Children birth through age 18
- ▶ Blind & disabled
- ▶ Low-income parents and caretakers of children
- ▶ Low-income elderly

# What is “Managed Care”?

- ▶ Managed Care is a system of health care delivery in which the State contracts with managed care organizations (MCOs) – also referred to as “**Health Plans**” – to administer health care benefits and services for our members.



# Current Managed Care

- ▶ Nebraska Medicaid contracts with:
  - ▶ Three regional MCOs for physical health services
  - ▶ A separate managed care entity for behavioral health services
  - ▶ A pharmacy benefit management contractor for pharmacy claims processing services (not at-risk)
- ▶ An individual receives his or her health care through three separate contractors.
- ▶ 82% of Medicaid clients are enrolled in physical health managed care and more than 99% are enrolled in behavioral health managed care.

# New Integrated Managed Care Program: Heritage Health

Nebraska Medicaid has signed contracts with three health plans:



- ▶ Each health plan will coordinate a full range of services statewide, including physical health, behavioral health, and pharmacy services.

Start Date



# Heritage Health Goals

- ▶ Improved health outcomes
- ▶ Enhanced integration of services and quality of care
- ▶ Emphasis on person-centered approach, care management, enhanced preventive services, and recovery-oriented care
- ▶ Reduced rate of costly and avoidable care
- ▶ Improved financially sustainable system



# Key Health Plan Responsibilities

- Administering covered benefits
- Care management
- Quality management
- Utilization management
- Provider network management
- Continuity of care

# Benefits and Coverage

- All Heritage Health plans offer the same package of covered health services.
- Each plan also offers a variety of “extra” benefits and services that aren’t part of the Medicaid benefit package.
- **Some services aren’t part of Heritage Health**, but are still covered by Medicaid. These include:
  - Dental services
  - Non-emergency transportation
  - Long-term services and supports (LTSS), including:
    - Personal Assistance Services (PAS)
    - Long-term care in a facility
    - Home and community-based waiver services (HCBS) for those eligible

# Behavioral Health Integration

- ▶ Designed to better address co-occurring mental illness and substance use disorders – focus on the whole person
- ▶ Plans are financially and contractually incentivized to invest in preventive and community-based care
- ▶ MLTC established a behavioral health integration advisory committee to guide transition, including work to:
  - ▶ Adopt common service definitions
  - ▶ Plan for continuity of care
  - ▶ Educate and ready the provider community

# Pharmacy Integration

- ▶ Today, pharmacy services are administered by the state. Under Heritage Health, the health plans will assume responsibility for this benefit, with specific requirements:
  - ▶ Health plans must cover all classes of drugs covered under the Nebraska Medicaid formulary, and must also follow the state's preferred drug list (PDL).
  - ▶ Health plans are also required to accept any pharmacy participating in the Nebraska Medicaid program today into their network.



# Contracting and Credentialing

- ▶ Providers **MUST** be enrolled as Nebraska Medicaid provider (through Maximus) to participate in the Health plan's network.
- ▶ Plans are required to move delivery system toward more value-based reimbursement arrangements, continue PCMH focused initiatives.
- ▶ Plans are actively contracting and credentialing providers. Plans are required to:
  - ▶ Demonstrate network adequacy by provider type and specialty
  - ▶ Accept CAQH as common source of credentialing information
  - ▶ Process credentialing applications within 30 days of receipt of a complete application

# Health Plan Enrollment

- ▶ DHHS has contracted with Automated Health Systems (AHS) to serve as the state's "enrollment broker" for Heritage Health. AHS is providing:
  - ▶ Written and phone-based member outreach
  - ▶ Comprehensive and unbiased choice counseling
  - ▶ Health plan selection via mail, phone, or electronic methods
  - ▶ Searchable provider directories
  - ▶ Auto-assignment of members who elect not to choose a health plan on their own



# Choosing a Plan

- ▶ Members who will need to choose a health plan will receive an enrollment packet in the mail. Mailing have begun and will continue over the next few weeks.
- ▶ There are four different ways to choose a plan:
  - ▶ **Online** at [www.neheritagehealth.com](http://www.neheritagehealth.com)
  - ▶ **By phone** by calling toll-free at 1-888-255-2605 Monday through Friday, 7am to 7pm.
  - ▶ **By mail** by returning the enrollment form included in the packet.
  - ▶ **By fax** by returning that same form to 1-800-852-6311.
- ▶ Members who don't choose a plan by Dec. 1 will be assigned to one by AHS using a method that will try to preserve family and provider relationships.
- ▶ All members will have 90 days to change plans after January 1<sup>st</sup> if they would like, or wait for open enrollment in the Fall.



# People New to Managed Care

- ▶ Some individuals will be choosing a health plan that have never chosen a health plan before. These include:
  - ▶ People who are on one of the home and community based waivers
    - (Aged and Disabled waiver, Traumatic Brain Injury waiver, and the Developmental Disability waivers)
  - ▶ People live in a long-term care facility, like a nursing home or home for people with developmental disabilities.
- ▶ No one can “opt out” of choosing a health plan. Heritage Health will be the Medicaid delivery system for most benefits and nearly all enrollees beginning January 1, 2017.

# Long-Term Care Redesign

- While these services aren't changing under Heritage Health, the state is exploring ways to improve the long-term care system through the Redesign project, which aims to help provide Nebraskans:
  - ▶ Healthier people
  - ▶ Quality services
  - ▶ Easier access to services
  - ▶ Help to live the way they want, where they want
  - ▶ Help to figure out the services they need
  - ▶ Support during health and care changes
  - ▶ A system that helps providers help people
  - ▶ An affordable program
- DHHS held public meetings across the state in September to get ideas about making changes to the long-term care Medicaid system in Nebraska.
- More meetings will be held after draft recommendations are published next year.
  - [dhhs.ne.gov/LTC](http://dhhs.ne.gov/LTC)
  - [dhhs.ltcredesign@nebraska.gov](mailto:dhhs.ltcredesign@nebraska.gov)

# Continuous Feedback



Administrative  
Simplification



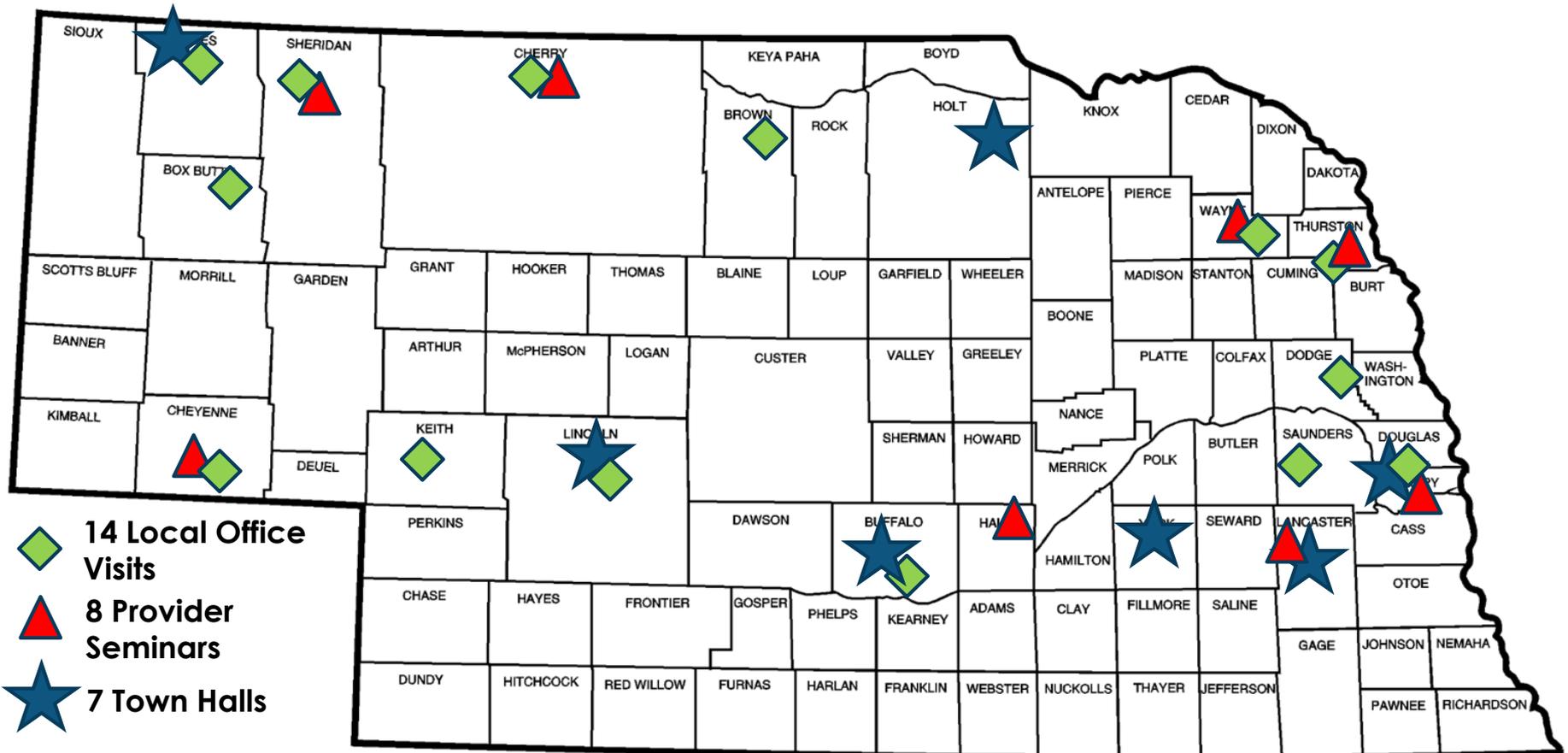
Behavioral  
Health  
Integration



Quality  
Management

**Nebraska's Heritage Health Advisory Groups**

September 6-14:  
8 days, 1100 miles, countless cups of coffee...



**Additional opportunity for providers:  
MCOs will host 14 provider orientation sessions  
across Nebraska in October and November.**

# Questions

For more information about Heritage Health visit us online:  
[www.dhhs.ne.gov/heritagehealth](http://www.dhhs.ne.gov/heritagehealth)



Nebraska Medicaid  
#DHHSMLTC

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